

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10754618

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		1				
5		1				
6	1					
7	1					
8		1				
9		1				
10	1					
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TOTAL IND.	7					
TOTAL DEP.	26					
TOTAL CLAIMS	33					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						